

Anthem Medicare Preferred

Summary of Benefits

Virginia Counties and City Areas

*Chesterfield, Williamsburg City, Gloucester, Goochland,
Hampton City, Hanover, Henrico, James City, Mathews,
Newport News City, Powhatan, Richmond City and York*

***Effective September 1, 2005
through December 31, 2005***

Section 1

Introduction to the Summary of Benefits

Anthem Medicare Preferred

Thank you for your interest in Anthem Medicare Preferred. Our plan is offered by Anthem Health Plans of Virginia, Inc., a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Anthem Medicare Preferred and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Anthem Medicare Preferred PPO Basic, PPO Standard, and PPO Premier Plans. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

HOW CAN I COMPARE MY OPTIONS?

You can compare Anthem Medicare Preferred and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers. Our members receive all of the benefits that the Original Medicare Plan offers. We also offer additional benefits, which may change from year to year.

WHERE ARE ANTHEM MEDICARE PREFERRED PLANS AVAILABLE?

The service area for this plan includes: Chesterfield, Williamsburg City, Gloucester, Goochland, Hampton City, Hanover, Henrico, James City, Mathews, Newport News City, Powhatan, Richmond City, and York counties, VA. You must live in one of these places to join the plan.

CAN I CHOOSE MY DOCTORS?

Anthem Medicare Preferred has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list. Our number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to

follow special rules prior to getting services in and/or out of network. For more information, please call the number at the end of this introduction.

WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?

If you have Medicare supplemental insurance that fills gaps in the Original Medicare Plan, you may not need it if you join Anthem Medicare Preferred. If you drop your supplemental policy, you may not be able to get the same one back. You should check into this carefully before you drop your supplemental policy to make sure you have all of the coverage you need. You or your spouse may have, or be able to get, employer group health coverage. If so, you should talk to the employer to find out how your benefits will be affected if you join Anthem Medicare Preferred. Get this information before you decide.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All health plans in the Medicare program agree to stay with the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare health plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for health care coverage in your area and give you information about your right to get Medicare supplemental insurance coverage. You can choose another health plan if one is available, or you can receive care from the Original Medicare Plan. If Anthem Medicare Preferred ever denies your claim or a service, we will explain our decision to you. You always have the right to appeal and ask us to review the claim or service that was denied. If a decision is not made in your favor, your appeal will be reviewed by an independent organization that works for Medicare.

Please call Anthem Medicare Preferred for more information about this plan.

Customer Service Hours:

Monday through Friday, 8:30 a.m. – 5:30 p.m. Eastern

Current members should call **(866)-827-9866 (TTY/TDD (800)-828-1120)**

Prospective members should call **(800)-334-7676 (TTY/TDD (800)-828-1120)**

Please call 1-800-Medicare (1-800-633-4227)

or visit **www.medicare.gov** for more information about Medicare.

(TTY/TDD 1-877-486-2048) (24 hours a day/7 days a week)

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

Section 2

2005 Anthem Medicare Preferred (AMP) – Virginia				
Important Information				
	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
1. Premium and Other Important Information	You pay the Medicare Part B premium of \$78.20 each month	There is no additional premium beyond the Medicare Part B premium of \$78.20 each month. All notes describe the in-network service unless they specifically mention the out-of-network service. Contact plan for details on the covered out-of-network service.	You pay \$25.00 each month. You also continue to pay the Medicare Part B premium of \$78.20 each month. All notes describe the in-network service unless they specifically mention the out-of-network service. Contact plan for details on the covered out-of-network service.	You pay \$99.00 each month. You also continue to pay the Medicare Part B premium of \$78.20 each month. All notes describe the in-network service unless they specifically mention the out-of-network service. Contact plan for details on the covered out-of-network service.
2. Doctor and Hospital Choice (For more information, see Emergency- #15 and Urgently Needed Care - #16.)	You may go to any doctor, specialist or hospital that accepts Medicare.	You can go to doctors, specialists, and hospitals in or out of the network. Higher costs apply for out of network services. You do NOT need a referral to go to network doctors, specialists, and hospitals. You are covered for the following out of network services: - Inpatient Hospital Care	You can go to doctors, specialists, and hospitals in or out of the network. Higher costs apply for out of network services. You do NOT need a referral to go to network doctors, specialists, and hospitals. You are covered for the following out of network services: - Inpatient Hospital Care	You can go to doctors, specialists, and hospitals in or out of the network. Higher costs apply for out of network services. You do NOT need a referral to go to network doctors, specialists, and hospitals. You are covered for the following out of network services: - Inpatient Hospital Care

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

		<ul style="list-style-type: none"> - Inpatient Mental Health Care - Skilled Nursing Facility - Home Health Care - Doctor Office Visits - Chiropractic Services - Podiatry Services - Outpatient Mental Health Care - Outpatient Substance Abuse Care - Outpatient Services/Surgery - Ambulance Services - Urgently Needed Care - Outpatient Rehabilitation Services - Durable Medical Equipment - Prosthetic Devices - Diabetes Self-Monitoring Training and Supplies - Diagnostic Tests, X-rays, and Lab Services - Bone Mass Measurement - Colorectal Screening Exam - Immunizations - Mammograms (Annual Screenings) - Pap Smears and Pelvic Exams - Prostate Cancer Screening Exams - Outpatient Prescription 	<ul style="list-style-type: none"> - Inpatient Mental Health Care - Skilled Nursing Facility - Home Health Care - Doctor Office Visits - Chiropractic Services - Podiatry Services - Outpatient Mental Health Care - Outpatient Substance Abuse Care - Outpatient Services/Surgery - Ambulance Services - Urgently Needed Care - Outpatient Rehabilitation Services - Durable Medical Equipment - Prosthetic Devices - Diabetes Self-Monitoring Training and Supplies - Diagnostic Tests, X-rays, and Lab Services - Bone Mass Measurement - Colorectal Screening Exam - Immunizations - Mammograms (Annual Screenings) - Pap Smears and Pelvic Exams - Prostate Cancer Screening Exams - Outpatient Prescription 	<ul style="list-style-type: none"> - Inpatient Mental Health Care - Skilled Nursing Facility - Home Health Care - Doctor Office Visits - Chiropractic Services - Podiatry Services - Outpatient Mental Health Care - Outpatient Substance Abuse Care - Outpatient Services/Surgery - Ambulance Services - Urgently Needed Care - Outpatient Rehabilitation Services - Durable Medical Equipment - Prosthetic Devices - Diabetes Self-Monitoring Training and Supplies - Diagnostic Tests, X-rays, and Lab Services - Bone Mass Measurement - Colorectal Screening Exam - Immunizations - Mammograms (Annual Screenings) - Pap Smears and Pelvic Exams - Prostate Cancer Screening Exams - Outpatient Prescription
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If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

		<ul style="list-style-type: none"> - Drugs - Hearing Services - Vision Services - Routine Physical Exams - CORF - Partial Hospitalization - Clinical/Diagnostic Lab Services - Radiation Therapy - Cardiac Rehabilitation Services - Renal Dialysis - Outpatient Blood <p>Authorization rules may apply for out of network services. Contact plan for details A separate doctor office visit copayment may apply for certain services.</p>	<ul style="list-style-type: none"> - Drugs - Hearing Services - Vision Services - Routine Physical Exams - CORF - Partial Hospitalization - Clinical/Diagnostic Lab Services - Radiation Therapy - Cardiac Rehabilitation Services - Renal Dialysis - Outpatient Blood <p>Authorization rules may apply for out of network services. Contact plan for details A separate doctor office visit copayment may apply for certain services.</p>	<ul style="list-style-type: none"> - Drugs - Hearing Services - Vision Services - Routine Physical Exams - CORF - Partial Hospitalization - Clinical/Diagnostic Lab Services - Radiation Therapy - Cardiac Rehabilitation Services - Renal Dialysis - Outpatient Blood <p>Authorization rules may apply for out of network services. Contact plan for details A separate doctor office visit copayment may apply for certain services.</p>
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Inpatient Care				
	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
3. Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)	<p>You pay for each benefit period(3): Days 1 – 60: an initial deductible of \$912 Days 61 – 90: \$228 each day Days 91 – 150: \$456 each lifetime reserve day (4)</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. (4)</p>	<p>You pay \$750 for each Medicare-covered stay at a network hospital.</p> <p>You pay \$1500 for each Medicare-covered stay at an out-of-network hospital.</p> <p>There is no copayment for additional days at a network hospital.</p> <p>There is a \$1500 maximum out of pocket limit every year.</p> <p>You are covered for 100 days each benefit period.</p>	<p>You pay \$750 for each Medicare-covered stay at a network hospital.</p> <p>You pay \$1500 for each Medicare-covered stay at an out-of-network hospital.</p> <p>There is no copayment for additional days at a network hospital.</p> <p>There is a \$1500 maximum out of pocket limit every year.</p> <p>You are covered for 100 days each benefit period.</p>	<p>You pay \$750 for each Medicare-covered stay at a network hospital.</p> <p>You pay \$1500 for each Medicare-covered stay at an out-of-network hospital.</p> <p>There is no copayment for additional days at a network hospital.</p> <p>There is a \$1500 maximum out of pocket limit every year.</p> <p>You are covered for 100 days each benefit period.</p>
<p>(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p> <p>(4) Lifetime Reserve Days can only be used once.</p>				

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Inpatient Care				
	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
3. Inpatient Hospital Care, continued.		<p>Except in emergency, you must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you. Contact your plan for details.</p> <p>Please see pages 25 and 31 for additional information about Inpatient Hospital Care.</p>	<p>Except in emergency, you must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you. Contact your plan for details.</p> <p>Please see pages 25 and 31 for additional information about Inpatient Hospital Care.</p>	<p>Except in emergency, you must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you. Contact your plan for details.</p> <p>Please see pages 25 and 31 for additional information about Inpatient Hospital Care.</p>
4. Inpatient Mental Health	<p>You pay the same deductible and copayments as inpatient hospital care (above) except Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime.</p>	<p>You pay \$750 for each Medicare-covered stay at a network hospital.</p> <p>You pay \$1500 for each Medicare-covered stay at an out-of-network hospital.</p> <p>There is no copayment for additional days received at a network hospital.</p>	<p>You pay \$750 for each Medicare-covered stay at a network hospital.</p> <p>You pay \$1500 for each Medicare-covered stay at an out-of-network hospital.</p> <p>There is no copayment for additional days received at a network hospital.</p>	<p>You pay \$750 for each Medicare-covered stay at a network hospital.</p> <p>You pay \$1500 for each Medicare-covered stay at an out-of-network hospital.</p> <p>There is no copayment for additional days received at a network hospital.</p>

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
Inpatient Mental Health, continued.		<p>There is a \$1500 maximum out of pocket limit every year.</p> <p>Contact plan for details about benefits beyond 190 days.</p> <p>Except in emergency, you must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you.</p> <p>Contact your plan for details.</p> <p>Please see pages 25 and 30 for additional information about Inpatient Mental Health Care.</p>	<p>There is a \$1500 maximum out of pocket limit every year.</p> <p>Contact plan for details about benefits beyond 190 days.</p> <p>Except in emergency, you must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you.</p> <p>Contact your plan for details.</p> <p>Please see pages 25 and 30 for additional information about Inpatient Mental Health Care.</p>	<p>There is a \$1500 maximum out of pocket limit every year.</p> <p>Contact plan for details about benefits beyond 190 days.</p> <p>Except in emergency, you must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you.</p> <p>Contact your plan for details.</p> <p>Please see pages 25 and 30 for additional information about Inpatient Mental Health Care.</p>

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
5. Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<p>You pay for each benefit period (3), following at least a 3-day covered hospital stay:</p> <p>Days 1 - 20: \$0 for each day Days 21 – 100: \$114 each day</p> <p>There is a limit of 100 days for each benefit period. (3)</p>	<p>You pay:</p> <p>\$0 for each day 1 – 20 \$75 each day for day 21 – 100 for a stay at a Skilled Nursing Facility.</p> <p>You pay \$50 to \$125 for services at an out- of-network Skilled Nursing Facility.</p> <p>No prior hospital stay is required.</p> <p>You are covered for 100 days each benefit period.</p> <p>You must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you. Contact your plan for details.</p>	<p>You pay:</p> <p>\$0 for each day 1 – 20 \$75 each day for day 21 – 100 for a stay at a Skilled Nursing Facility.</p> <p>You pay\$50 to \$125 for services at an out- of-network Skilled Nursing Facility.</p> <p>No prior hospital stay is required.</p> <p>You are covered for 100 days each benefit period.</p> <p>You must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you. Contact your plan for details.</p>	<p>You pay:</p> <p>\$0 for each day 1 – 20 \$75 each day for day 21 – 100 for a stay at a Skilled Nursing Facility.</p> <p>You pay \$50 to \$125 for services at an out- of-network Skilled Nursing Facility.</p> <p>No prior hospital stay is required.</p> <p>You are covered for 100 days each benefit period.</p> <p>You must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you. Contact your plan for details.</p>
<p>(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>				

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
6. Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	There is no copayment for all covered home health visits.	There is no copayment for Medicare-covered home health visits.	There is no copayment for Medicare-covered home health visits.	There is no copayment for Medicare-covered home health visits.
7. Hospice	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must receive care from a Medicare-certified hospice.</p>	You must receive care from a Medicare-certified hospice.	You must receive care from a Medicare-certified hospice.	You must receive care from a Medicare-certified hospice.

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

Outpatient Care				
	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
8. Doctor Office Visits	<p>You pay 20% of Medicare-approved amounts. (1) (2)</p> <p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first six months of your new Part B coverage. This will not include laboratory tests. Please contact your physician for further details.</p>	<p>You pay \$15 for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay \$30 for each out of network primary care doctor office visit.</p> <p>You pay \$30 for each specialist visit for Medicare-covered services.</p> <p>You pay \$60 for each out of network specialist visit. See 32 – Routine Physical Exams for more information.</p> <p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first 6 months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details.</p>	<p>You pay \$10 for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay \$20 for each out of network primary care doctor office visit.</p> <p>You pay \$30 for each specialist visit for Medicare-covered services.</p> <p>You pay \$60 for each out of network specialist visit. See 32 – Routine Physical Exams for more information.</p> <p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first 6 months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details.</p>	<p>You pay \$10 for each primary care doctor office visit for Medicare-covered services.</p> <p>You pay \$20 for each out of network primary care doctor office visit.</p> <p>You pay \$25 for each specialist visit for Medicare-covered services.</p> <p>You pay \$50 for each out of network specialist visit. See 32 – Routine Physical Exams for more information.</p> <p>If your coverage to Medicare Part B begins on or after January 1, 2005, you may receive a one time physical exam within the first 6 months of your new Part B coverage. This will not include laboratory tests. Please contact your plan for further details.</p>
<p>(1) Each year, you pay a total of one \$110 deductible.</p> <p>(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.</p>				

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
9. Chiropractic Services	<p>You pay 20% of Medicare-approved amounts. (1) (2)</p> <p>You are covered for manual manipulation of the spine to correct subluxation, provided by chiropractors or other qualified providers. You pay 100% for routine care.</p>	<p>You pay \$30 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation.)</p> <p>You pay \$60 for out of network chiropractic services.</p>	<p>You pay \$30 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation.)</p> <p>You pay \$60 for out of network chiropractic services.</p>	<p>You pay \$25 for each Medicare-covered visit (manual manipulation of the spine to correct subluxation.)</p> <p>You pay \$50 for out of network chiropractic services.</p>
10. Podiatry Services	<p>You pay 20% of Medicare-approved amounts. (1) (2)</p> <p>You are covered for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>You pay 100% for routine care.</p>	<p>You pay: \$30 for each Medicare-covered visit (medically necessary foot care).</p> <p>\$30 for each routine visit up to 1 visit every year.</p> <p>You pay \$60 for out of network podiatry services.</p>	<p>You pay: \$30 for each Medicare-covered visit (medically necessary foot care).</p> <p>\$30 for each routine visit up to 1 visit every year.</p> <p>You pay \$60 for out of network podiatry services.</p>	<p>You pay: \$25 for each Medicare-covered visit (medically necessary foot care).</p> <p>\$25 for each routine visit up to 1 visit every year.</p> <p>You pay \$50 for out of network podiatry services.</p>
<p>(1) Each year, you pay a total of one \$110 deductible. (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.</p>				

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
11. Outpatient Mental Health Care	<p>You pay 50% of Medicare-approved amounts with the exception of certain situations and services for which you pay 20% of approved charges.</p> <p>(1) (2)</p>	<p>For Medicare-covered Mental Health services, you pay \$30 for each individual/group therapy visit.</p> <p>You pay \$60 for out of network Mental Health services.</p> <p>You pay \$60 for out of network Mental Health services with a psychiatrist.</p> <p>You must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you. Contact your plan for details.</p>	<p>For Medicare-covered Mental Health services, you pay \$30 for each individual/group therapy visit.</p> <p>You pay \$60 for out of network Mental Health services.</p> <p>You pay \$60 for out of network Mental Health services with a psychiatrist.</p> <p>You must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you. Contact your plan for details.</p>	<p>For Medicare-covered Mental Health services, you pay \$25 for each individual/group therapy visit.</p> <p>You pay \$50 for out of network Mental Health services.</p> <p>You pay \$50 for out of network Mental Health services with a psychiatrist.</p> <p>You must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you. Contact your plan for details.</p>
12. Outpatient Substance Abuse Care	<p>You pay 20% of Medicare-approved amounts. (1) (2)</p>	<p>For Medicare-covered services, you pay \$30 for each individual/group therapy visit.</p> <p>You pay \$60 for out of network outpatient substance abuse services.</p>	<p>For Medicare-covered services, you pay \$30 for each individual/group therapy visit.</p> <p>You pay \$60 for out of network outpatient substance abuse services.</p>	<p>For Medicare-covered services, you pay \$25 for each individual/group therapy visit.</p> <p>You pay \$50 for out of network outpatient substance abuse services.</p>
<p>(1) Each year, you pay a total of one \$110 deductible. (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.</p>				

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	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
13. Outpatient Services/Surgery	<p>You pay 20% of Medicare-approved amounts for the doctor. (1) (2)</p> <p>You pay 20% of outpatient facility charges. (1) (2)</p>	<p>You pay \$250 for each Medicare-covered visit to an ambulatory surgical center.</p> <p>There is no copayment for each Medicare-covered visit to an outpatient hospital facility.</p> <p>You must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you. Contact your plan for details.</p> <p>Please see pages 25 and 30 for additional information about Outpatient Surgery.</p>	<p>You pay \$250 for each Medicare-covered visit to an ambulatory surgical center.</p> <p>There is no copayment for each Medicare-covered visit to an outpatient hospital facility.</p> <p>You must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you. Contact your plan for details.</p> <p>Please see pages 25 and 30 for additional information about Outpatient Surgery.</p>	<p>You pay \$125 for each Medicare-covered visit to an ambulatory surgical center.</p> <p>There is no copayment for each Medicare-covered visit to an outpatient hospital facility.</p> <p>You must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you. Contact your plan for details.</p> <p>Please see pages 25 and 30 for additional information about Outpatient Surgery.</p>
<p>(1) Each year, you pay a total of one \$110 deductible.</p> <p>(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.</p>				

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
14. Ambulance Services (Medically necessary ambulance services.)	You pay 20% of Medicare-approved amounts or applicable fee schedule charge. (1) (2)	You pay \$75 for Medicare-covered ambulance services. Please see page 25 for additional information about Ambulance Services.	You pay \$75 for Medicare-covered ambulance services. Please see page 25 for additional information about Ambulance Services.	You pay \$75 for Medicare-covered ambulance services. Please see page 25 for additional information about Ambulance Services.
15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	You pay 20% of the facility charge or applicable Copayment for each emergency room visit; you do NOT pay this amount if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. (1) (2) You pay 20% of the doctor charges. (1) (2) Not covered outside of the U.S. except under limited circumstances.	You pay \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 3 days for the same condition. Worldwide coverage.	You pay \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 3 days for the same condition. Worldwide coverage.	You pay \$50 for each Medicare-covered emergency room visit; you do not pay this amount if you are admitted to the hospital within 3 days for the same condition. Worldwide coverage.

(1) Each year, you pay a total of one \$110 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	<p>You pay 20% of Medicare-approved amounts or applicable Copayment. (1) (2)</p> <p>Not covered outside of the U.S. except under limited circumstances.</p>	<p>You pay \$50 for each Medicare-covered urgently needed care visit.</p> <p>NOT covered outside of the U.S. except under limited circumstances.</p>	<p>You pay \$50 for each Medicare-covered urgently needed care visit.</p> <p>NOT covered outside of the U.S. except under limited circumstances.</p>	<p>You pay \$50 for each Medicare-covered urgently needed care visit.</p> <p>NOT covered outside of the U.S. except under limited circumstances.</p>
17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy.)	<p>You pay 20% of Medicare-approved amounts. (1) (2)</p>	<p>You pay \$30 for each Medicare-covered Occupational Therapy visit. You pay \$30 for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.</p> <p>You pay \$60 for out of network Occupational Therapy services. You pay \$60 for out of network Physical Therapy and/or Speech/Language Therapy services.</p> <p>Please see page 25 for additional information about Rehabilitation Services.</p>	<p>You pay \$30 for each Medicare-covered Occupational Therapy visit. You pay \$30 for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.</p> <p>You pay \$60 for out of network Occupational Therapy services. You pay \$60 for out of network Physical Therapy and/or Speech/Language Therapy services.</p> <p>Please see page 25 for additional information about Rehabilitation Services.</p>	<p>You pay \$25 for each Medicare-covered Occupational Therapy visit. You pay \$25 for each Medicare-covered Physical Therapy and/or Speech/Language Therapy visit.</p> <p>You pay \$50 for out of network Occupational Therapy services. You pay \$50 for out of network Physical Therapy and/or Speech/Language Therapy services.</p> <p>Please see page 25 for additional information about Rehabilitation Services.</p>

(1) Each year, you pay a total of one \$110 deductible.

(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
18. Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	You pay 20% of Medicare-approved amounts. (1) (2)	<p>You pay 20% of the cost for each Medicare-covered item.</p> <p>You pay 30% of the cost for each out of network item. You must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you. Contact your plan for details.</p> <p>Please see page 26 for additional information about Durable Medical Equipment.</p>	<p>You pay 20% of the cost for each Medicare-covered item. You pay 30% of the cost for each out of network item.</p> <p>You must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you. Contact your plan for details.</p> <p>Please see page 26 for additional information about Durable Medical Equipment.</p>	<p>You pay 20% of the cost for each Medicare-covered item. You pay 30% of the cost for each out of network Medicare-covered item. You must get authorization from Anthem Medicare Preferred before you get this service. Failure to get authorization can result in significantly higher costs to you. Contact your plan for details.</p> <p>Please see page 26 for additional information about Durable Medical Equipment.</p>
19. Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	You pay 20% of Medicare-approved amounts. (1) (2)	<p>You pay 20% of the cost for each Medicare-covered item.</p> <p>You pay 30% of the cost for each out of network item. Please see page 26 for additional information about Prosthetic Devices.</p>	<p>You pay 20% of the cost for each Medicare-covered item.</p> <p>You pay 30% of the cost for each out of network item. Please see page 26 for additional information about Prosthetic Devices.</p>	<p>You pay 20% of the cost for each Medicare-covered item.</p> <p>You pay 30% of the cost for each out of network item. Please see page 26 for additional information about Prosthetic Devices.</p>
<p>(1) Each year, you pay a total of one \$110 deductible. (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.</p>				

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

Outpatient Medical Services and Supplies				
	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
20. Diabetes Self-Monitoring Training and Supplies (Includes coverage of glucose monitors, test strips, lancets, and self-management training)	You pay 20% of Medicare-approved amounts. (1) (2)	You pay 20% of the cost for Medicare-covered Diabetes self-monitoring training. You pay 20% of the cost for each Medicare-covered Diabetes Supply item. You pay 30% of the cost for each Diabetes Supply item purchased out of network.	You pay 20% of the cost for Medicare-covered Diabetes self-monitoring training. You pay 20% of the cost for each Medicare-covered Diabetes Supply item. You pay 30% of the cost for each Diabetes Supply item purchased out of network.	You pay 20% of the cost for Medicare-covered Diabetes self-monitoring training. You pay 20% of the cost for each Medicare-covered Diabetes Supply item. You pay 30% of the cost for each Diabetes Supply item purchased out of network.
21. Diagnostic Tests, X-Rays, and Lab Services	You pay 20% of Medicare approved amounts, except for approved lab services. (1) (2) There is no copayment for Medicare-approved lab services.	You pay: \$0 to \$100 for each Medicare-covered clinical/diagnostic lab service. \$50 for each Medicare-covered radiation therapy service. \$50 to \$100 for each Medicare-covered X-Ray visit. You pay: \$0 to \$200 for each out of network clinical/diagnostic lab service.	You pay: \$0 to \$100 for each Medicare-covered clinical/diagnostic lab service. \$50 for each Medicare-covered radiation therapy service. \$50 to \$100 for each Medicare-covered X-Ray visit. You pay: \$0 to \$200 for each out of network clinical/diagnostic lab service.	You pay: \$0 to \$100 for each Medicare-covered clinical/diagnostic lab service. \$50 for each Medicare-covered radiation therapy service. \$50 to \$100 for each Medicare-covered X-Ray visit. You pay: \$0 to \$200 for each out of network clinical/diagnostic lab service.
(1) Each year, you pay a total of one \$110 deductible. (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.				

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
Diagnostic Tests, X-Rays, and Lab Services, continued.		Please see pages 25 and 30 for additional information about Diagnostic Tests, X-Rays, and Lab Services.	Please see pages 25 and 30 for additional information about Diagnostic Tests, X-Rays, and Lab Services.	Please see pages 25 and 30 for additional information about Diagnostic Tests, X-Rays, and Lab Services.
Preventive Services				
22. Bone Mass Measurement (For people with Medicare who are at risk)	You pay 20% of Medicare-approved amounts. (1) (2)	You pay \$50 for each Medicare-covered Bone Mass Measurement. Please see page 30 for more information on Bone Mass Measurement.	You pay \$50 for each Medicare-covered Bone Mass Measurement. Please see page 30 for more information on Bone Mass Measurement.	You pay \$50 for each Medicare-covered Bone Mass Measurement. Please see page 30 for more information on Bone Mass Measurement.
(1) Each year, you pay a total of one \$110 deductible. (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.				

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
23. Colorectal Screening Exams (For people with Medicare age 50 and older)	You pay 20% of Medicare-approved amounts. (1) (2)	There is no copayment for Medicare-covered Colorectal Screening Exams. Please see page 26 for additional information about Colorectal Screening Exams.	There is no copayment for Medicare-covered Colorectal Screening Exams. Please see page 26 for additional information about Colorectal Screening Exams.	There is no copayment for Medicare-covered Colorectal Screening Exams. Please see page 26 for additional information about Colorectal Screening Exams.
24. Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)	There is no copayment for the Pneumonia and Flu vaccines. You pay 20% of Medicare-approved amounts for the Hepatitis B vaccine. (1) (2) You may only need the Pneumonia vaccine once in your lifetime. Please contact your doctor for further details.	There is no copayment for the Pneumonia and Flu vaccines. No referral necessary for Medicare-covered influenza and pneumococcal vaccines. There is no copayment for the Hepatitis B vaccine. Please see page 26 for additional information about Immunizations.	There is no copayment for the Pneumonia and Flu vaccines. No referral necessary for Medicare-covered influenza and pneumococcal vaccines. There is no copayment for the Hepatitis B vaccine. Please see page 26 for additional information about Immunizations.	There is no copayment for the Pneumonia and Flu vaccines. No referral necessary for Medicare-covered influenza and pneumococcal vaccines. There is no copayment for the Hepatitis B vaccine. Please see Page 26 for additional information about Immunizations.
(1) Each year, you pay a total of one \$110 deductible. (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.				

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
25. Mammograms (Annual Screening) (For women with Medicare age 40 and older)	You pay 20% of Medicare-approved amounts. (2) No referral necessary for Medicare-covered screenings.	There is no copayment for Medicare-covered Screening Mammograms. No referral necessary for Medicare-covered screenings. Please see page 26 for additional information about Mammograms.	There is no copayment for Medicare-covered Screening Mammograms. No referral necessary for Medicare-covered screenings. Please see page 26 for additional information about Mammograms.	There is no copayment for Medicare-covered Screening Mammograms. No referral necessary for Medicare-covered screenings. Please see page 26 for additional information about Mammograms.
26. Pap Smears and Pelvic Exams (for women with Medicare)	There is no copayment for a Pap Smear once every 2 years, annually for beneficiaries at high risk. (2) You pay 20% of Medicare-approved amounts for Pelvic Exams. (2)	There is no copayment for Medicare-covered Pap Smears and Pelvic Exams. Please see page 26 for additional information about Pap Smears and Pelvic Exams.	There is no copayment for Medicare-covered Pap Smears and Pelvic Exams. Please see page 26 for additional information about Pap Smears and Pelvic Exams.	There is no copayment for Medicare-covered Pap Smears and Pelvic Exams. Please see page 26 for additional information about Pap Smears and Pelvic Exams.
27. Prostate Cancer Screening Exams (For men with Medicare age 50 and older)	There is no copayment for approved lab services and a copayment of 20% of Medicare-approved amounts for other related services. (2)	There is no copayment for Medicare-covered Prostate Cancer Screening exams. Please see page 26 for additional information about Prostate Cancer Screening Exams.	There is no copayment for Medicare-covered Prostate Cancer Screening exams. Please see page 26 for additional information about Prostate Cancer Screening Exams.	There is no copayment for Medicare-covered Prostate Cancer Screening exams. Please see page 26 for additional information about Prostate Cancer Screening Exams.
(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.				

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

Additional Benefits (What Original Medicare Does Not Cover)				
	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
28. Outpatient Prescription Drugs	You pay 100% for most prescription drugs.	<p>For prescription drugs, you pay for each prescription or refill:</p> <p>\$15 for Formulary Generic drugs up to a 30-day supply.</p> <p>\$30 for mail order Formulary Generic drugs up to a 90-day supply.</p> <p>There is a \$1000 limit on Formulary Generic drugs.</p> <p>Any unused amounts cannot be carries forward to the next period. Drugs that are covered by Original Medicare do not count toward your prescription drug limit.</p> <p>Plans can calculate the part you pay in different ways.</p> <p>The copayment does not apply toward the plan prescription limit.</p> <p>Please ask Anthem Medicare Preferred about how we</p>	<p>For prescription drugs, you pay for each prescription or refill:</p> <p>\$15 for Formulary Generic drugs up to a 30-day supply.</p> <p>\$30 for mail order Formulary Generic drugs up to a 90-day supply.</p> <p>There is no individual limit on Formulary Generic drugs.</p> <p>Any unused amounts cannot be carries forward to the next period. Drugs that are covered by Original Medicare do not count toward your prescription drug limit.</p> <p>Plans can calculate the part you pay in different ways.</p> <p>The copayment does not apply toward the plan prescription limit.</p> <p>Please ask Anthem Medicare Preferred about how we</p>	<p>You pay a deductible of \$250. For prescription drugs, you pay for each prescription or refill:</p> <p>25% of the cost for Formulary Generic drugs up to a 30-day supply.</p> <p>25% of the cost for Formulary Brand drugs up to a 30-day supply.</p> <p>25% of the cost for mail order Formulary Generic drugs up to a 90-day supply.</p> <p>25% of the cost for mail order Formulary Brand drugs up to a 90-day supply.</p> <p>There is an overall limit of \$2250 annually for Formulary Generic and Formulary Brand prescription drugs.</p> <p>Any unused amounts cannot be carried forward to the next period. Drugs that are covered by Original Medicare do not count toward your prescription drug limit.</p> <p>Plans can calculate the part you pay in different ways.</p>
Outpatient Prescription				

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

Drugs, continued.		<p>determine drug costs that count towards these limits.</p> <p>You may use mail order and other ways to get your prescription drugs. Ask Anthem Medicare Preferred for details.</p> <p>When you want higher cost drugs even though lower cost drugs are available, ask Anthem Medicare Preferred for details on costs and what is covered.</p> <p>Please see page 26 for additional information about Outpatient Prescription Drugs.</p>	<p>determine drug costs that count towards these limits.</p> <p>You may use mail order and other ways to get your prescription drugs. Ask Anthem Medicare Preferred for details.</p> <p>When you want higher cost drugs even though lower cost drugs are available, ask Anthem Medicare Preferred for details on costs and what is covered.</p> <p>Please see page 26 for additional information about Outpatient Prescription Drugs.</p>	<p>The copayment does not apply toward the plan prescription limit.</p> <p>Please ask Anthem Medicare Preferred about how we determine drug costs that count towards these limits.</p> <p>You may use mail order and other ways to get your prescription drugs. Ask Anthem Medicare Preferred for details.</p> <p>When you want higher cost drugs even though lower cost drugs are available, ask Anthem Medicare Preferred for details on costs and what is covered.</p> <p>Please see page 26 for additional information about Outpatient Prescription Drugs.</p>
29. Dental Services	In general, you pay 100% for dental services.	In general, you pay 100% for dental services.	In general, you pay 100% for dental services.	In general, you pay 100% for dental services.
30. Hearing Services	<p>You pay 100% for routine hearing exams and hearing aids.</p> <p>You pay 20% of Medicare-approved amounts for diagnostic hearing exams.</p> <p>(1) (2)</p>	<p>In general you pay 100% for routine hearing exams and hearing aids.</p> <p>You pay \$30 for each Medicare-covered hearing exam (diagnostic hearing exams).</p> <p>You pay \$60 for out of network hearing exams.</p>	<p>In general you pay 100% for routine hearing exams and hearing aids.</p> <p>You pay \$30 for each Medicare-covered hearing exam (diagnostic hearing exams).</p> <p>You pay \$60 for out of network hearing exams.</p>	<p>In general you pay 100% for routine hearing exams and hearing aids.</p> <p>You pay \$25 for each Medicare-covered hearing exam (diagnostic hearing exams).</p> <p>You pay \$50 for out of network hearing exams.</p>
<p>(1) Each year, you pay a total of one \$110 deductible.</p> <p>(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.</p>				

If you have any questions about this plan's benefits or costs, please contact Anthem at 1-866-827-9866 (for current members) and 1-800-334-7676 (for prospective members).

	Original Medicare	PPO Basic Plan	PPO Standard Plan	PPO Premier Plan
31. Vision Services	<p>You are covered for one pair of eyeglasses or contact lenses after each cataract surgery.(1) (2)</p> <p>For people with Medicare who are at risk, you are covered for annual glaucoma screenings. (1) (2)</p> <p>You pay 20% of Medicare-approved amounts for diagnosis and treatment of diseases and conditions of the eye. (1) (2)</p> <p>You pay 100% for routine eye exams and glasses.</p>	<p>There is no copayment for the following items:</p> <p>Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery)</p> <p>You pay:</p> <p>\$30 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye).</p> <p>\$30 for each Routine eye exam, limited to 1 exam every year.</p> <p>You pay \$40 for out of network eye exams.</p> <p>You are covered up to \$50 for eye exams every year.</p> <p>Please see page 26 for additional information about Vision Services.</p>	<p>There is no copayment for the following items:</p> <p>Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery)</p> <p>You pay:</p> <p>\$30 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye).</p> <p>\$30 for each Routine eye exam, limited to 1 exam every year.</p> <p>You pay \$40 for out of network eye exams.</p> <p>You are covered up to \$50 for eye exams every year.</p> <p>Please see page 26 for additional information about Vision Services.</p>	<p>There is no copayment for the following items:</p> <p>Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery)</p> <p>You pay:</p> <p>\$25 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye).</p> <p>\$25 for each Routine eye exam, limited to 1 exam every year.</p> <p>You pay \$35 for out of network eye exams.</p> <p>You are covered up to \$50 for eye exams every year.</p> <p>Please see page 26 for additional information about Vision Services..</p>
32. Routine Physical Exams	<p>You pay 100% for routine physical exams.</p>	<p>You pay \$15 for each exam.</p> <p>You are covered up to 1 exam every year.</p> <p>You pay \$30 for each out of network routine physical exam.</p>	<p>You pay \$10 for each exam.</p> <p>You are covered up to 1 exam every year.</p> <p>You pay \$20 for each out of network routine physical exam.</p>	<p>You pay \$10 for each exam.</p> <p>You are covered up to 1 exam every year.</p> <p>You pay \$20 for each out of network routine physical exam.</p>
<p>(1) Each year, you pay a total of one \$110 deductible.</p> <p>(2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you pay more.</p>				

Section 3

2005 Summary of Benefits

Anthem Medicare Preferred

Inpatient Hospital Care

If you are readmitted to the same hospital for the same condition within 7 days of your discharge, you will not be required to pay the inpatient copay again. This rule applies whether you are receiving services from a network hospital or an out-of-network hospital. Inpatient admissions from the emergency room to an out-of-network hospital will normally be subject to the Network hospital copays.

Inpatient Mental Health Care

The Inpatient Mental Health Care benefit is administered in the same way as the Inpatient Hospital Benefit, with one exception. The lifetime benefit for Inpatient Mental Health Care is 190 days.

Inpatient Out-of-Pocket Maximum

Your annual out of pocket maximum for network inpatient services is \$1500. Your annual out of pocket maximum for out-of-network inpatient services is \$3000.

Outpatient Surgery

The Outpatient Surgery copay will be applied for all outpatient surgeries and surgical procedures performed in a hospital or other facility, such as an Ambulatory Surgical Center. If a surgery is performed in a doctor's office, only the doctor office visit copay will apply.

Ambulance

The copay for covered ambulance services is applied per date of service and not per trip.

Outpatient Rehabilitation Services

The copay for covered outpatient rehabilitation services is applied per date of service/per provider and not per service. For example, if you have Physical Therapy and Speech Therapy on the same day from the same provider, only one therapy copayment will apply.

Diagnostic Tests, X-Rays and Labs

There is no copayment for covered lab services. Diagnostic tests and X-rays are classified into two groups.

Tier 1: Tier 1 Diagnostic Tests and X-rays are all those that are NOT listed in the description of Tier 2 services. The copays for Tier 1 are:

In-Network:	\$50
Out-of-network:	\$100

Tier 2: Tier 2 copays apply to the following services: Heart Catheterizations, Sleep Studies, Computed Tomography (CT), and Magnetic Resonance Procedures (MRI & MRA).

The copays for Tier 2 are:

In-Network:	\$100
Out-of-network:	\$200

Copays are applied per date of service/per provider. For example, if you receive three X-rays from one provider in one day and you also receive an MRI from the same provider, you will pay only the copay for the MRI, which is the higher of the copays.

Immunizations

There is no copayment for the immunizations; however, you may be charged an office visit if you see your doctor that day. Certain pharmacies in the Anthem network will also provide flu shots to Anthem Medicare Preferred members. Contact Member Services for details. You may receive a flu shot from any Medicare-participating provider and be reimbursed by Anthem.

Vision Services

Post Cataract Surgery: Your benefits cover one pair of eyeglasses or contact lenses after each cataract surgery. Anthem will pay the provider the Medicare allowed amount and you will be responsible for the remainder. Your coverage for eyeglasses after cataract surgery only includes standard frames. Deluxe frames are not covered.

Routine Vision Care: After you pay your copayment to the provider, Anthem will pay up to \$50.00 for one routine eye exam per calendar year. You will be responsible for paying the provider for any remaining amount.

Refractive Lenses: For a diagnosis of Aphakia, refractive lenses are covered and are subject to the copayment applied for prosthetic devices.

Glaucoma Screenings and Dilated Retinal Exams: These tests and exams are a covered benefit as ordered by your physician. Copayments are applied to this benefit.

Doctor Office Visit Copays

There is no separate copay for the following services, but a doctor office visit copay may apply: **Colorectal Screening, Screening Mammograms, Pap Smears and Pelvic Exams, and Prostate Cancer Screening Exams.**

Durable Medical Equipment and Prosthetic Devices

If you receive a Durable Medical Equipment item or a Prosthetic Device item while you are an inpatient in a hospital or Skilled Nursing Facility (SNF), you will not be charged the coinsurance. The cost of the DME item or Prosthetic Device will be included in your inpatient claim. Prior Authorization is required for Durable Medical Equipment items and Prosthetic Device items.

If you receive a Durable Medical Equipment item or Prosthetic Device while receiving outpatient services, you will be responsible for the coinsurance, in addition to any other applicable copays for services received.

Prosthetic items include, but are not limited to, pacemakers, braces, orthotics and artificial limbs.

Observation Room

Observation Room copays will not apply if the Observation Room stay is part of your Emergency Room Visit. If your Observation Room stay exceeds 23 hours, you will be charged the inpatient copays.

Outpatient Prescription Drugs

Generic Substitution: If your doctor writes a prescription for a brand name drug, and a generic drug is available, the generic drug will normally be substituted for the brand name drug, unless you or your doctor request a brand name drug. If your benefit includes brand name drugs, you will pay the higher copayment. This will also count towards a maximum limit if your benefits include brand name drugs. If your benefits do not include brand name drugs or if the brand name drug requested is not on Anthem's Formulary List, you will pay

100% of the cost of the drug. A Formulary Drug List is available to you upon request.

Network Pharmacies: In order to fully access your prescription benefits, you should use Anthem network pharmacies. Please refer to your Anthem Medicare Preferred Provider Directory for a list of both local and national pharmacies that are in the retail pharmacy network. Anthem Rx Direct is the network pharmacy for mail order prescriptions.

Out-of Network Pharmacies: If you fill a prescription at an out-of-network pharmacy, you will have to pay for it yourself and send your receipt to Member Services. Your out of pocket costs for drugs obtained out-of-network are higher than those obtained at network pharmacies. The reimbursement you will receive after your copay will be based on the network reimbursement rate. This network reimbursement rate is typically lower than your payment to the out of network pharmacy. **Filling a prescription at an out-of-network pharmacy will result in higher costs to you.**

Drugs administered in a doctor's office: When the following drugs are administered in a doctor's office, you will be charged a copay of up to \$40.

Betaseron
Copaxone
Rebif
Enbrel
leuprolide subcutaneous

More ways to save on prescription drugs

Anthem Rx Network Discount: Through the Anthem Rx Network, all Anthem Blue Cross and Blue Shield members have access to discounted prescriptions at many network pharmacies throughout the United States. You can find a list of both local and national chain network pharmacies in your Anthem Medicare Preferred Provider

Directory. As an Anthem Medicare Preferred member, you should present your Anthem Medicare Preferred identification card at any participating Anthem Rx Network pharmacy along with your prescription.

Medicare Part B Drugs

Original Medicare covers a limited number of prescription drugs, usually those that must be administered by a health care professional. Original Medicare covers **some** self-administered drugs. Examples of self-administered drugs that are covered include blood clotting factors, drugs used in immunosuppressive therapy, certain oral cancer drugs, and certain drugs which are necessary for the effective use of DME or prosthetic devices.

These drugs are sometimes referred to as Medicare Part B Drugs. Medicare Part B Drugs are covered items for all Anthem Medicare Preferred members, whether or not their benefit plan provides prescription drug coverage. Medicare Part B Drugs do not count toward a prescription drug maximum, but they are subject to a copayment of \$40, for a 30-day supply, when obtained at a retail pharmacy and \$80, for a 90-day supply, through Anthem Rx Direct Mail Service.

Where to obtain Medicare Part B Drugs

You may use a network retail pharmacy to have your prescription filled for a Medicare Part B Drug one time only per Medicare Part B drug. You will receive benefits for a 30-day supply at the retail pharmacy and you will be directed to obtain refills through Anthem Rx Direct (mail order pharmacy).

Certain Medicare Part B drugs administered in a doctor's office.

When the following Medicare Part B drugs are administered in a doctor's office, you will be charged a copay of up to \$40.

Epogen or Procrit

Neupogen

Lupron (leuprolide) or Viadur

Avonex

Zoladex

Remicaid

Lupron depot intramuscular or Viadur implant

Precertification

The services listed below require precertification in order to be covered by Anthem Medicare Preferred. If you are receiving services from a network provider, the provider is responsible for obtaining the necessary authorization. If you are receiving services from a non-network provider, you are responsible for obtaining the necessary authorization. You can do that by calling our Precertification Center at this number: 1-800-533-1120.

Representatives are available Monday through Friday, between 8:30 a.m. and 5:00 p.m. If you are hearing or speech impaired, and have access to a TTY system, please call 1-800-828-1120.

Health Care Services Requiring Precertification

Inpatient Hospital Care

Inpatient Mental Health Care

Outpatient Mental Health Care and Substance Abuse Services

Skilled Nursing Care and Rehabilitation Care

Outpatient Surgery

Durable Medical Equipment

Prosthetic and Orthotic Devices

Certain Diagnostic Tests

PET Scans

Human Organ and Bone Marrow/Stem Cell Transplants

Non Emergency Air and Water Transportation

Anthem Medicare Preferred Delinquency Policy

If your plan has a monthly premium, your payments are due on the first of each month. If we do not receive your payment by the due date, your account will be considered delinquent. Once your account is delinquent you will begin to receive letters reminding you that your payment is late and instructions on how to make your account current.

PPO Standard and PPO Premier Plan Members: If for some reason we have not received the entire amount due within 90 days from the date of your first notice of delinquency, we will begin proceedings to disenroll you from Anthem Medicare Preferred.

At the time your account becomes delinquent, we will offer you the opportunity stay with Anthem Medicare Preferred by electing to change your plan to the Anthem Medicare Preferred PPO Basic Plan, which has a \$0.00 monthly premium. You can compare the PPO Basic Plan to the PPO Standard and PPO Premier Plans in Section 2 of this booklet. If Anthem does not hear from you during the delinquency period, we will continue with the disenrollment proceedings. Once you have been disenrolled for failure to pay premiums, you may reapply to Anthem Medicare Preferred only after your past due amount has been satisfied.

If you have questions about your benefits or coverage please call our Member Services Department at 1-866-827-9866, or if you are hearing or speech impaired and you have access to a TTY system at 1-800-828-1120.. Member Service Representatives are available Monday through Friday between 8:30 a.m. and 5:00 p.m.

Anthem Medicare Preferred Benefits

Benefit	PPO Provider In-Network	Non-PPO Provider Out of Network
Inpatient Hospital and Inpatient Mental Health combined out-of-pocket Maximum	\$1500	\$3000
Outpatient Surgery	PPO Basic: \$250 PPO Standard: \$250 PPO Premier: \$125	PPO Basic: \$500 PPO Standard: \$500 PPO Premier: \$250
Bone Mass Measurement	\$50 copay per services	\$100 copay per service
X-Rays	\$50 - \$100 per service	\$100 - \$200 per service
Vision Services	PPO Basic: \$30 PPO Standard: \$30 PPO Premier: \$25	PPO Basic: \$40 PPO Standard: \$40 PPO Premier: \$35
Cardiac Rehab	\$0 copay per service.	\$0 copay per service.
Pulmonary Rehab (Outpatient)	\$0 copay per service.	\$0 copay per service.
Chemotherapy (Outpatient)	\$50 for each Medicare-covered Chemotherapy service. An additional office visit copay may also apply.	\$100 for each Medicare-covered Chemotherapy service. An additional office visit copay may also apply.
Radiation Therapy	\$50 for each Medicare-covered Radiation Therapy service. An additional office visit copay may also apply.	\$100 for each Medicare-covered Radiation Therapy service. An additional office visit copay may also apply.
Renal Dialysis	\$35 for each visit	\$35 for each visit
Medical Nutritional Therapy	20% for each service.	30% for each service.
Observation Room	PPO Basic: \$250 PPO Standard: \$250 PPO Premier: \$125 Waived if admitted. Waived if included in an Emergency Room visit. - If Observation Room services exceed 23 hours, only the Inpatient Hospital copays will apply.	PPO Basic: \$500 PPO Standard: \$500 PPO Premier: \$250 Waived if admitted. Waived if included in an Emergency Room visit. - If Observation Room services exceed 23 hours, only the Inpatient Hospital copays will apply.
Pain Management	Specialist copay per visit and 20% for DME items related to pain management.	Specialist copay per visit and 30% for DME items related to pain management.
Wound Care in physician's office	Specialist Copay	Specialist Copay
Wound Care (Surgical Debridement in a hospital or other facility)	PPO Basic: \$250 PPO Standard: \$250 PPO Premier: \$125	PPO Basic: \$500 PPO Standard: \$500 PPO Premier: \$250
Telephonic Pacemaker Check	\$0 copay per service	\$0 copay per service

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